

Health Scrutiny Performance Panel

Thursday 30 January 2014, 6pm

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor D. James (Vice-Chair)
Councillor D. Barker
Councillor O. Bennett
Councillor R. Burley
Councillor M. Flower
Councillor E. Russell

Officers present

John Bolton – Executive Director, Social Care and Inclusion
Andy Rust - Head of Joint Commissioning Unit
Phil Griffin - Strategic Lead for Service Transformation and Redesign - Walsall CCG
Diane Osborne - Commissioning Project Manager
Jayne Tunstall – Chief Operating Officer, Walsall Healthcare Trust
Tina Faulkner – Press Officer
Isabel Gillis – Director of Public Health
Martin Hewin – Public Health Intelligence Manager
Adrian Roche – Head of Social Inclusion
Nighat Hussain – Stroke Programme Director
Nikki Gough – Committee Business and Governance Manager

289/14 Apologies

Apologies were received from Councillor Woodruff.

290/14 Substitutions

Councillor D. Barker substituted for Councillor V. Woodruff for the duration of the meeting.

291/14 Declarations of interest and party whip

There were no declarations of interest or party whip for the duration of the meeting.

292/14 Local Government (Access to Information) Act, 1985 (as amended)

Noted.

Adjournment

The Panel adjourned at 6 p.m. for 15 minutes.

The Panel reconvened at 6.15 p.m.

293/14 Minutes of previous meeting

The minutes of the meeting held on 17 December 2013 were approved subject to the following amendments:-

- Page 5, 285/13 Budget reports, replace 'reassured by that the CQC' with 'reassured that the CQC'.

294/14 Community Health Services

The Panel were informed that this update built upon a report that was presented to the Panel at its last meeting. Members were informed that the hospital were working on ensuring seamless pathways, work was being done with GPs to introduce a weekly review of vulnerable patients to provide them with personal care. Community matrons were effective at seeing patients quickly and completing rapid discharges where appropriate. The integrated discharge team created a seamless pathway, based in A and E (Accident and Emergency), with a view of preventing admissions and assisting people to go home. Where people were frequent attendees at A and E there were regular reviews and care plans for those over the age of 19 with more than 4 attendances over the year.

The following priorities were discussed; -

- Improving support on discharge from hospital and reducing admissions
- Quality and safety
- Integration
- Increasing productivity
- Extending prevention

A Member asked how complex care services ensured that patient safety was maintained and patients were not left feeling confused when dealing with different teams. The Chief Operating Officer stated that the Trust were aware of the potential for confusion and had started to integrate teams to reduce the number of 'hand offs'. Each patient had a discharge case manager, so that one person is a constant for each patient. Members also asked about complaints received in relation to care for the elderly.

The Chairman asked that in the future the Panel received examples of where things have gone wrong and examples of measures put in place to prevent it happening again.

The Head of Joint Commissioning stated that services were more integrated than ever before, and nominated case managers made a difference. It was suggested that the case examples would be well placed to come to the panel alongside the 'better care fund' at the Panels next meeting.

Members discussed mental health services and it was agreed that further information would also come back to the panel, along with an assessment tool for members to evidence that systems are working.

Resolved That; -

At a future meeting case studies of lessons learnt are provided to the Panel.

295/14 Accident and Emergency at Walsall Healthcare Trust

Officers presented an update on accident and emergency to the panel, the numbers of patients presenting to A and E had remained high since last winter. Emergency admissions were increasing and this had led to the Trust struggling to meet the 4 hour waiting standard for patients needing admission. This remained a challenge for the Trust. In response to Member questions Officers stated that patients should not wait longer than 12 hours and 94% of patients were seen within 4 hours.

A discussion was held around additional funding for activity following the closure of Mid Staffordshire Hospital. Trust Officers stated that it was unlikely that the Trust would get the £14 million they had asked for, and that they were waiting for a decision from the Secretary of State. It was clarified that this funding was for additional capacity to accommodate patients.

The system of triaging in accident and emergency was discussed and it was clarified that during the day there was a triage system in place.

Members congratulated staff working in accident and emergency for their hard work.

The turnover of staff in accident and emergency was discussed, and the Trust confirmed that this was not particularly high. Additional consultants were employed and based in accident and emergency, and members expressed concern about that although they were not physically present during the evening, they were on call. Officers stated that there was a national shortage of (accident and emergency) consultants.

The Panel requested a report on finances to allow the information they had received to be put into context.

Resolved that;

A report on finances relating to accident and emergency is received by the Panel at a future meeting.

296/14 IVF Report

The IVF report was presented to the Panel, to ask for the Panels support for the principal of harmonisation and to ask for the Panels support for engaging with the public about the proposed changes. This was to ensure that the policy for infertility treatment across Birmingham, Solihull and the Black Country was fair, and transparent.

Resolved that; -

1. The Panel supports the principal of the harmonisation of the infertility policy across Birmingham, Solihull and the Black Country region.
2. The Panel support the engagement process being undertaken by Walsall CCG to consult with stakeholders including the public, about the proposal.

297/14 Stroke Services Reconfiguration.

The Stroke Programme Manager provided the background of the review and stated that the aim of the reconfiguration was to drive up the quality of care. Members were informed that best practice recommended that specialist stroke units should treat a minimum of 600 patients a year. The Chair asked for further information on how this will affect Walsall once this level of detail was available. Members also asked for some data on 'worst case scenarios'

for example travel times when there were accidents on the motorway. Also Members expressed concern about travel times from different parts of the borough and how changes could impact on residents who lived near boundaries.

The Strategic Lead for Service Transformation and Redesign stated that the key aims were to reassure members that the process was open and transparent and to ensure that the Panel were happy with the processes set out. If a consultation process is undertaken Members were assured that they would receive it.

Resolved that; -

The Panel receives any consultation documents relating the stroke services reconfiguration.

298/14 Urgent Care Review

The Panel were informed that a listening exercise was being carried out during January 2014; the report provided an update on this progress. Members were informed that no proposals had been drawn up. The results of the listening exercise will determine whether a change in services is required. If there are significant proposals for change, a consultation exercise will be carried out, and this will be taken to the scrutiny panel and the Health and Well Being Board.

Members provided some feedback, below are principal points emerging from discussion; -

- On a visit to the hospital Members had witnessed an over stretched A and E department and a quiet badger, with poor communication between the two departments
- A and E was outdated
- The actual consultation questions did not allow for detailed responses on each out of hours service provided, officers agreed to take back this feedback
- Members welcomed the listening exercise

Resolved that; -

The Panel receives further updates on the urgent care review.

299/14 Award of Public Health Contracts for 2014/15

The Director for Public Health presented the report to the Panel, and stated that the report explained how services were commissioned through contracts in public health. The Panel discussed the commissioning cycle. Officers explained that in Public Health commissioners also contract manage and to do this they receive support from the procurement team. Members were informed that the proposals were for 2014/15 and that Cabinet needed to approve all contracts in excess of £0.5 million. A discussion was held around competitive procurement, a small number of contracts did not meet the criteria for competitive procurement. Officers explained that the contract lengths were linked to the retendering timetable. The JSNA (Joint Strategic Needs Assessment) influenced the strategic decision about the term of the contract. Members were informed that a reasonable length of contract needed to be offered to encourage bidders although flexibility was built into contracts. The healthy child programme was delivered by children's services for ages 0 – 19 years and health visitors delivered the programme for 0 -5 year olds. Health visitors remained the commissioning responsibility of NHS England. The challenge of this was ensuring that it was all joined up. Key Officers met regularly to ensure commissioning is aligned.

Members commented on the level of detail in the report, in consideration of the item being a late report, Members asked to receive the report again in the future.

Resolved that; -

A further report on public health contracts is received by the panel.

300/14 Decision from Cabinet, 11 December 2013

Officers stated that the draft budget proposals had been presented to scrutiny panels for consultation. The final budget would be presented to Cabinet on 5 February 2014 for recommendation to Council on 27 February 2014. The report detailed the recommendations from each scrutiny panel. The panel agreed to monitor the effects of the decision to reduce the care quality team over the following 12 months. The Panel also agreed to visit care homes as individual members.

Members noted that the Working Group report on Care Quality would also be presented to Cabinet on 5 February 2014.

Resolved that; -

- The Panel agreed to monitor the effects of the decision

- The Panel also agreed to visit care homes as individual members.

301/14 Draft Work Programme 2013/14 and Forward Plan

The draft work programme was noted. Members asked to hear more about public health contracts relating to drugs and alcohol and the associated costs to the local community.

Termination of meeting

There being no further business the meeting terminated at 9pm.

Signed:

Date: